

COPY

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST. DIV. CODE	2. PERSON REPRESENTED DAVIS, JEMAIN		VOUCHER NUMBER 00072804001	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CRO8-15-GMS	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. DAVIS		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) Felony Money Laundering Transactions
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:1343 - Conspiracy to Commit Wire Fraud; 18:1957(f) - Illicit Monetary Transactions				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS JAMES J. HALEY, JR. 1716 WALASET ST. P.O. Box # 183 WILM, DE 19899 Telephone Number 302-656-7247				
13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel				
Prior Attorney's Appointment Dates: <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)				
J.J. Haley, Jr. Signature of Presiding Judicial Officer or By Order of the Court 12/1/07 Date of Order Nunc Pro Tunc Date				
Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				

CLAIM FOR SERVICES AND EXPENSES		EXPLANATION FOR COURT USE AND APPROVAL			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)				
	(RATE PER HOUR = \$ 100) TOTALS:				
Out of	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$ 100) TOTALS:				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)				
18.	Other Expenses (other than expert, transcripts, etc.)				
GRAND TOTALS CLAIMED AND ADJUSTED					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO:	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number				23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO			Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.	
I swear or affirm the truth or correctness of the above statements. Signature of Attorney Date				
APPROVED FOR PAYMENT BY COURT/JUDGE				
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount				DATE
				34a. JUDGE CODE